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REMOVAL, REUNIFICATION, AND REENTRY: THE STATE OF FOSTER
CARE CHILDREN AND THEIR SUBSTANCE-ABUSING PARENTS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Jeannette Doswell

June 2002

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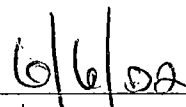
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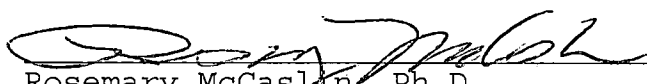
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ABSTRACT

The increasing number of children who have reentered foster care is a pervasive problem today. Limited literature indicates this phenomenon is related to the recurrence of maltreatment of children by their addiction-recovering parents. The present study examined the recovery of substance-dependent parents and the length of time between reunification and a maltreatment recurrence event. Information was gathered from 110 Child Protective Services case files. It was anticipated that there is a significant difference in length of time for recovery of substance-abusing parents and recurrence

ACKNOWLEDGMENTS

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CHAPTER ONE

INTRODUCTION

Problem Statement

Substance abuse and addiction are ripping at the fiber of the American Family. The once intact, if not intricately woven fabric of the family is unraveling. The stitch has become loose, and ragged edges depict the abuse and neglect of the children of these families. Through the gapping hole, a torn family is in trouble. These children have become "the most vulnerable and endangered individuals in America" (Reid, Macchetto, & Foster, 1999).

During the past decade, children have been placed in foster care in record numbers due to maltreatment. In 1997, there were almost one million confirmed cases of child abuse and neglect in the United States (U.S. Department of Health and Human Services, 2000; as cited in Ansay, 2001). As many as 40,000 reports of maltreatment are investigated monthly by social service caseworkers (American Humane Association, 2000). Approximately 40% of children in foster care remain there for over two years (U.S. House of Representatives, 1989;

as cited in Ansay, 2001), thus keeping the system swollen with both new entries and ongoing clients.

The vast number of children in placement is partly due to substance-abusing mothers and other caregivers (Dore & Doris, 1998). Estimates indicate between 50% to 80% of families brought to the attention of child welfare authorities are involved with alcohol or other drugs (Azzi-Lessing & Olsen, 1996). Since the mid-1980s, when crack cocaine infused urban neighborhoods, these percentages have increased significantly (Dore & Doris, 1998).

During the increase in substance abuse in child welfare families, public child welfare policy shifted its emphasis from protecting children through out-of-home care to placement prevention and family preservation (Dore & Doris, 1998). So, child welfare was becoming a system, which would slowly move to keep children in the families and homes where substance abuse was becoming a problem.

Foster care is intended to be a temporary service for abused, abandoned, and neglected children, yet the system includes children who remain in foster care for much of their childhood (Horwitz, Simms, & Farrington,

1994). The passage of the Adoption and Safe Families Act of 1997 (P.L. 105-89) shortened the time frame for permanency placement from 18 months to 12 months. When children are removed from their homes due to abuse or neglect, federal legislation dictates that a plan for permanency be formulated. Consequently, under the burden of the growing foster care load and time frame, there is a hurry to reunify children with their parents.

The new legislation prompted County Child Protective Services (CPS) to hasten the process toward quicker reunification of children, ideally, with their parents. County child care workers scramble to place children while parents have an even shorter time to clean up substance abuse and other debilitating issues that interfere with effective parenting and the provision of a safe living environment. This allotted time has been chiseled away to a twelve-month maximum time frame. During this period the parents are expected to attain sobriety, ensure suitable living quarters, and maintain a productive lifestyle. The question that arises is whether the prescribed amount of time given to parents is sufficient to facilitate the dramatic, sweeping, and

permanent lifestyle changes, which are required to bring about reunification.

The impetus toward this rush for reunification began with no malcontent. Those with the ability to influence policy believed that too many children were in the system and out of the child's nuclear family for too long. It was the belief of the policy makers that the motivated parents would be able to make major lifestyle changes within twelve months if they were sincere about reunification with their children. As a result, the amount of time that was given for parents to attain sobriety was reduced. Children are being reunified with their parents who have not had sufficient time to make a successful recovery. Therefore, children suffer a recurrence of maltreatment at the hands of their parents. Reunification has become a detriment. The child's best interest is at the heart of the matter, or is it?

Children have inadvertently become victims rather than victors of the system as a result of a breakdown in the process that purportedly was put into place to ensure protection and proper care of our most vulnerable citizens.

An ongoing concern in family reunification is deciding when to return a child to a parent who has been through chemical dependency treatment and has stopped using substances (Hohman & Butt, 2001). Legislation and the courts are calling for quicker reunification of children and parents, while addiction treatment providers argue for longer timelines so that clients can solidify treatment gains (Azzi-Lessing & Olsen, 1996). With the public's push for accountability where public services are concerned, it is clear that more emphasis is placed on getting faster results rather than the ultimate care of the child.

The child welfare system has the task of enforcing legislation created to protect children, while that same legislation has the system perpetuating further harm. The goal of social work is to merge the two and return children to their family when appropriate and within legal guidelines.

Policy Context

Child welfare policy began as a child-saving movement in this country. There have been many ideological and legislation changes, which have tried to attend to this tenet. Prior to the 1870s, children were

regarded as small adults, childhood did not exist, and work was seen as their duty to the family (Day, 2000). In 1853, New York Children's Aid Society (New York CAS) was the beginning of formal foster care in the United States. In 1854, the New York CAS began to place 100,000 children in foster homes in the west and the south. In 1886, the Boston Children's Aid Society recognized the need to return children to their biological parents. In 1974, the passage of the Child Abuse Prevention and Treatment Act (P.L. 93-247) provided money for prevention and treatment programs and established the National Center on Child Abuse and Neglect (Day, 2000).

The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) was the first federal permanency planning law. It called for "prompt action to maintain children in their own homes or return them safely to their own homes as soon as possible when they are placed into foster care" (Courtney, 1994, p. 81). This permanence for children in foster care had a time frame of 18 months. Permanency planning refers to reunification with either the biological family, adoption by relatives, adoption by nonrelatives, or long-term foster care (Courtney, 1994). Passage of the 1993 Family Preservation

and Support Services Act (P.L. 103-66) sealed this dramatic shift in policy. The federal Adoption and Safe Families Act of 1997 (P.L. 105-89) reduced the time allowed to determine cases. This act intended to increase the number of adoptions and shorten the length of time children spend in out-of-home placements from 18 months to 12 months.

Practice Context

The purpose and function of the child welfare system is to protect children from further harm. Social work practitioners and policy makers have sought to provide services which support families, while protecting children from abuse and neglect. There are three principles to the child welfare system's approach to child placement. The first is that children belong with their families and every effort should be made to keep the family intact. The second is that when living at home is no longer an option, the child should be placed in out-of-home foster care. The third is the type of placement which should allow the child freedom to develop (Peebles-Wilkins, 1999).

The three principles regard the child's best interest. Child welfare agencies make great strides to

keep the nuclear family together; this is viewed as the best situation for the child. The decision to remove a child from the home is made to keep the child safe, which comes first. The child should have latitude to develop socially, mentally, and emotionally, without undue stress.

It is toward these goals that child welfare agencies direct themselves. Social workers help with families and community systems providing assistance and resources. The target of social work intervention is improving transactions between people and their environments (Hunter, 1993).

Purpose of the Study

The purpose of the study was to supplement the limited empirical studies regarding children's reentry into foster care from failed reunification efforts. This study examined the circumstance of children removed from their home, due to maltreatment by substance abused or chemically-dependent parents and placed in foster care, reunited with their parents, and then re-entered into foster care due to further episodes of maltreatment.

Research of this phenomenon should elicit improved and ongoing standards of practice and delivery of services with the primary goal of permanency. It is important that decision and policy makers understand and have knowledge of the issues involved when addressing the needs of children during reunification with their parents.

Significance of the Project for Social Work

The significance of the project for social work lies in its attempt to examine the matter of children's reentry into foster care after reunification with the parents. Social workers labor under the burden of performing miracles where troubled families are concerned. Their task is to improve familial circumstances as dictated by the parameters of their job responsibilities. With increased caseloads, the policy of preservation of the family as essential, and the added burden of shorter time constraints, the child welfare system is in a rush to reunify children with their addicted parents.

Over the last two decades, several studies have examined what foster care is and have shed light upon

important characteristics. This study examined what the foster care system has become. Changes in the foster care system continue to pose policy issues and raise several questions. Why the rush to reunify a child with his or her parents? How much time is needed for parental sobriety before the child can safely return home? The task to protect children has remained the same, but has the environment and the family system changed? Are the goals of permanency being met?

Hypotheses of Study

This study assessed the length of time needed for recovering substance-abusing parents to safely reunify with their children. It is a descriptive study used to evaluate the current system of returning children home to their parents. This system does not consider ample time for sobriety. It gauges enough time if parents have completed case plan directives within a 12-month time frame.

The research question is: Do parents who have an insufficient amount of time for sobriety have a recurrence of a maltreatment episode upon their children? It is hypothesized that:

- 1) There will be a significant difference in length of time for recovery and recurrence as a function of reunification.
- 2) Single parents have a lower rate of reunification than do married parents.
- 3) Substance-abusing parents have a lower rate of reunification than do nonsubstance-abusing parents.
- 4) There will be a significant difference of a maltreatment recurrence as a function of mother's type of treatment and success.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will cover the impact of parental substance abuse on the children in the family and its implications regarding family reunification. Through a review of the literature, the factors and circumstances of substance abused or chemically-dependent parents and child maltreatment will be discussed. The phrases substance abuse and chemical dependent shall be used interchangeably.

Drug-Addicted Parents and Maltreatment

Available literature has made a link between substance-abusing parents and child maltreatment (Dore & Doris, 1998; Kelleher, Chaffin, Hollenberg, & Fischer, 1994; Korbin, Coulton, Lindstrom-Ufuti, & Spilsbury, 2000; Murphy, Jellinek, Quinn, Smith, Poittrast, & Goshko, 1991; Reid, Macchetto, & Foster, 1999; Zuravin & DePanfilis, 1997). These studies describe substance abuse as present in a large number of maltreatment cases. Zuravin and DePanfilis (1997), examined placement

predictors during the investigative phase of maltreating families reported to Child Protective Services (CPS) in a mid-Atlantic city. A sample of 1,035 case files were used. Selection criteria was based on five criterion: 1) at least one substantiated report of physical abuse or neglect between January 1 to December 31, 1988; 2) the family lived inside the city limits; 3) the caregiver was the maltreated child's biological mother; 4) the family experiencing foster care placement had at least one child remaining in care at the close of the investigation; and 5) the maltreatment met the study's definition of abuse. Researchers found 78.9% of the families were African American, 64.7% were receiving AFDC, 44.3% had at least one child in foster care, 33.7% of the families had at least one substantiated maltreatment report, and the mother's median age at the birth of her first child was 18.5 years. Most families (63.8%) had only one substantiated type of maltreatment and the others (36.2%) had been substantiated for two or three types. Neglect occurred more frequently than physical and sexual abuse: 80.8% had at least one incidence of neglect, 50.1% had at least one incidence of physical abuse, and 10.9% of the families had at least one incidence of sexual abuse.

Factors which predicted placement were families in which the mother had problems due to substance abuse, mental health issues, developmental limitations, domestic violence, with a recurrence of maltreatment (Zuravin & DePanfilis, 1997). Other findings revealed that families who received AFDC and mothers younger than 18.5 years were more likely than others to have their child in placement. A family's ethnicity was not a factor in placement. Mothers with alcohol and drug problems were 2.29 times more likely to experience placement than mothers without substance abuse problems. Mothers with developmental or mental health problems were 1.6 and 1.8 times more likely to experience placement than mothers without those issues (Zuravin & DePanfilis, 1997).

The Child League of America (1997) reported that parental substance abuse was present in at least half of the 970,000 child maltreatment cases in 1996. Background studies of maltreated children receiving protective services point to parental substance abuse in 13% to over 70% of abuse and neglect cases (Magura & Laudet, 1996).

Maltreatment is defined as neglect and/or abuse of a child. Abuse includes physical, sexual, and emotional abuse. Neglect includes abandonment, inadequate

healthcare, nutrition, and supervision, and other negligent care (Reid, et al., 1999). Substance abuse greatly impairs the parent's ability to provide a safe and supportive home for a child (Reid, et al., 1999). The four categories of child maltreatment are emotional abuse, physical abuse, neglect, and sexual abuse. All four are significantly linked to substance abuse (Hicks, 1999). Hicks (1999) cited a study, which identified substance abuse in 61% of emotional-abuse cases, in 58% of physical-abuse cases, in 53% of neglect cases and in 50% of sexual abuse cases.

Parental drug abuse has had an enormous impact on childrens' lives. The U.S. Department of Health and Human Services reported that 547,000 children were in foster care in 1997, an increase of 35% since 1990, with approximately 117,000 of these children awaiting permanent placement through adoption (U.S. Department of Health and Human Services, 1999, as cited in Ansay, 2001).

Human Behavior in the Social Environment Theories Guiding Conceptualization

The ecosystems perspective is particularly useful in examining the etiology of child abuse and neglect. The ecological model advanced by Bronfenbrenner (1979) was adapted as the framework to study child maltreatment (Belsky, 1980). Bronfenbrenner's (1979, 1996) perspective on developmental outcomes recognizes the combining factors of the individual and his environment on role malfunction and pathological adaptation by caregiver and child. Bronfenbrenner proposes a theoretical model that predicts developmental outcomes. He believes there is a direct relationship between an individual's characteristics and the various systems that he or she engages in, namely family, school, and community. There is a reciprocity within this relationship where each person is influenced by the other. For example, within the child's primary system, the family, his development will be influenced by the intensity of his attachment and the subsequent reactions to that attachment. Theoretically, this reciprocity will continue to affect the family's ongoing interaction with the child and others.

Risk factors are attributed to the child or parent, the family, or social-cultural environment. Considering the relationships between the different systems, such as the individual, family, community, and the larger society, provides a comprehensive framework for understanding behavior. Studies associate child maltreatment with family stress, especially young or single parents living in impoverished conditions, with a lack of social support (Pierpont & Poertner, 1992; as cited in Mulroy & Shay, 1997). Mothers may have poor attachment histories and may not have been able to make that connection with their children, resulting in poor attachment (Davis, 1994; as cited in Hohman & Butt, 2001).

Issues Faced by Single Mothers

A parent's substance abuse and subsequent maltreatment of her children results in the children being removed from the home. A record number of single-parent families have entered the child welfare system due to substance abuse problems identified with the mother (Azzi-Lessing & Olsen, 1996). Substance-abusing mothers tend to be unaware of their

children's developmental status and expect too much maturity from them (Fiks, Johnson, & Rosen, 1985). When the child cannot meet the high expectations, the mother may become frustrated and angry, resulting in physical maltreatment. The addicted mother later realizes she has lost control (Dore, Doris, & Wright, 1995). At this juncture, the child has been put at great risk and probably will have to be removed from the home.

If the child were to remain in the home, the risk of abuse would be high. A longitudinal study conducted by the National Center on Child Abuse and Neglect (NCCAN) found that parental substance abuse tends to be an accurate predictor of child maltreatment recurrence rates (as cited by Wolock & Magurad, 1996).

Reunification

The importance of returning children to their biological parents has been established. Studies have found that foster care children have high rates (35% to 90%) of behavioral, emotional, developmental, and social problems (Horwitz, Simms, & Farrington, 1994). Horwitz et al., (1994), investigated the relationship of physical and developmental problems identified after children

entered foster care. They gave a complete physical health assessment and developmental screening to 272 children, ages one month to seven years between 1985 and 1989. Results indicated that children in foster care commonly showed developmental delays (53%). Also, children who were older upon entry into care, nonwhite, and who had developmental problems identified were 1.93 times more likely to remain in foster care. There are times when children do not thrive as well in foster care as they would at home, and need to be returned to their home. Children placed in foster care feel abandoned by their biological parents and typically want contact with them, even if they have been abused or neglected (Sanchirico & Jablonks, 2000). Reunifying foster children with their biological parents helps to relieve feelings of abandonment and depression, which accompany out-of-home placement (Cantos, Gries, & Slis, 1997).

Women and Drug Abuse

Women differ from men in their drug use patterns and psychosocial characteristics. The onset of a woman's addiction is usually a reaction to a traumatic life crisis instead of a progressive pattern found in

substance-abusing men (Kane-Cavaiola & Rullo-Cooney, 1991). Traumatic events, which precipitate women's drug use include sexual and physical abuse (Forth-Finegan, 1991; as cited in Nelson-Zlupko, Kauffman, & Dore, 1995). Other significant stressors are sudden illness, disruptions in family life, and accidents (Reed, 1985; as cited in Nelson-Zlupko et al., 1995). Many chemically-dependent women usually come from families where at least one member used drugs as a primary coping strategy (Nelson-Zlupko et al., 1995). Reed (1985) stated that addicted women are more likely than men to be in relationships with partners or spouses who use drugs (as cited in Nelson-Zlupko et al., 1995). Substance-abusing women have lower expectations for their lives than their male counterparts and they are more preoccupied with surviving and minimizing discomfort than maximizing a full life (Root, 1989; as cited in Nelson-Zlupko et al., 1995). Women are less educated, have fewer marketable skills, have fewer work experiences, and have fewer financial resources than addicted men (Hagan, 1987; Marsh & Miller, 1985; Reed, 1985; as cited in Nelson-Zlupko et al., 1995). Substance-abusing women report feeling

helpless and unable to change their circumstances (Root, 1989; Williams, 1987; as cited in Nelson-Zlupko, 1995).

Substance abusing women have experienced inequalities, have tried to sustain with less than other females and males. They are not on an even-playing field with others and are ill equipped to handle the stress. Nelson-Zlupko (1995) report that drug-addicted women have a disproportionate amount of trauma in their life and drug abuse is an attempt to cope with oppressive situations.

Recovery Process

It is very important to address the basic needs of substance-abusing mothers during recovery in order to facilitate the reunification of mother and child (Azzi-Lessing & Olsen, 1996). These researchers recommend a list of services which a treatment program would provide including treating mothers and children together, providing child care, transportation, ongoing self help and support groups (Azzi-Lezzing & Olsen, 1996).

Brown's developmental model of alcohol recovery is used by many recovery programs. According to Brown (1985), recovery is comprised of three main components:

1) acceptance of the continuing role of alcohol in a person's life, 2) adjustment to environmental changes to sustain recovery, such as not spending time with addicts, and 3) a person's interpretation of her self and others based on the new identity the addict has chosen. Brown (1985) describes four stages in the developmental model of recovery: drinking, transition, early recovery, and ongoing recovery. The drinking stage regards the consumption of the substance and an increasing loss of control. The transition stage is about the addict's abstinence and dealing with the desire or need to be drug free. The early recovery stage is when the client completes treatment and reintegrates into family, work, and social settings. This stage marked by abstinence and the recovery person identifying himself or herself as an addict. The last stage of the model is ongoing recovery. In this stage, the alcoholic will identify long-term problems and individuation. The addict will identify healthy relationships as more important as well as internalized attitudes and behaviors, which support the recovering lifestyle (Brown, 1985).

Hohman and Butt (2001) cite Rawson and colleagues' (1991) cocaine recovery process. Their "neurobehavioral

model" emphasizes the physiological aspects of stopping cocaine use. This five-stage model has a particular time span for each phase. In the first stage, withdrawal (0-15 days postcocaine use), the addict is confused, anxious, and depressed. The second stage is the honeymoon period (16-45 days postcocaine use); the addict begins to feel better and feels that he has his addiction well in hand. The wall is the third stage (46-120 days postcocaine use). Addicts begin to feel discouraged, depressed, and irritable with urges and cravings to use cocaine again. Many clients may drop out at this difficult time. The fourth stage is adjustment (121-180 days postcocaine use). In this stage the addict begins to feel less depressed and is less anxious. This is a time when parents may relapse due to understanding the impact of past destructive relationships and when feeling good and do not see the need to continue in a recovery program. The final stage, resolution, begins at 181 days postcocaine use. Clients in this stage have integrated lifestyle changes and may begin looking at themselves and start working through past problems (Rawson et al, 1991; as cited in Hohman & Butt, 2001).

Reentry

Children who have been reunified with their parents may be subjected to further maltreatment if the drug-addicted parents relapse or otherwise have difficulty maintaining sobriety. The Child Welfare Administration (1994) conducted a study of 210 children under the age of 15 who had been in foster placement 60 days or longer, and who left foster care from 19 different agencies between February 1, 1991 and July 14, 1991. A total of 27 children reentered foster care within a year of their discharge. Of these cases, 10 showed alcohol or abuse mentioned as the reason for reentry. The other reasons for reentry were abuse, excessive punishment, hostility toward the child, abandonment, and the mother's severe psychiatric problems. The study also mentioned that it was unclear whether an abandonment reason was due to substance abuse or not.

Summary

The literature review examined the ecological perspective on child abuse and neglect. This chapter examined the link of the chemical-dependent parents with child maltreatment. It investigated human behavior in the

framework of the social environment. Prior research helped to identify some of the factors involved in child maltreatment and some of the characteristics of chemical-dependent parents.

CHAPTER THREE

METHOD

Study Design

Data for this study was obtained from the San Bernardino County Department of Children's Services (DCS) case files, made available by permission of DCS (See Appendix A). The study was based on archived data of children who entered foster care in San Bernardino County for the first time between September 1998 and August 2000.

The objective of this study was to answer the research question, are substance-abused parents allowed sufficient recovery time before reunifying them with their children?

Sampling

A random sample of 110 cases were drawn from all case files stored in a Southern California DCS office. The selection criterion for the sample was that the case files be San Bernardino Family Reunification (FR) Case Files. FR Cases are defined as cases where children have become dependents of the court and dispositioned to out-of-home placement. Out-of-home placements include

foster care, group and institutional care, kinship care, and emergency shelter.

Data on the children were recorded from entry into the foster-care system to the close of the DCS file. The children were tracked during the period of removal from the parents to their reunification and then from reunification to reentry into foster care. The sampling also included children who did not reenter foster care.

Procedures

The data were selected by randomly pulling FR case files from the larger pool of closed cases maintained in a Southern California Office. Hard case files were randomly pulled from the shelves where they were stored. After pulling the first file on the top shelf, this researcher pulled every third file, discarding Permanent Plan (PP) and Family Maintenance (FM) cases. This selection continued until 110 cases were selected.

Data Collection and Instruments

The data on case history and outcomes were gathered according to a structured case abstraction instrument by this researcher. Refer to the data extraction instrument in Appendix B. Data from the sample were organized into a

framework that was usable in cross-sectional analysis (Courtney, 1994).

The data collected included demographic characteristics, types of maltreatment, and reunification and reentry. Demographic data included information on the child's age and the type of substantiated maltreatment. The type of abuse, neglect, or other maltreatment was coded using the California Welfare and Institutions Code (WIC), Section 300, as described by West's Synopsis (See Appendix C). Reunification and reentry information included whether the child or children were reunified with the biological parent or parents and whether the child or children were reentered into foster care after reunification.

The independent variable is the length of time allotted for recovery. This is operationalized as the time between removal of the child or children from home to the reunification of the child with the biological parent or parents. The dependent variable is defined as the time between reunification and a recurrence of a maltreatment episode. Mother and father are defined as biological parents of the child or children. Stepfather is defined as a non-biological parent married to the

biological mother. A recurrence of a maltreatment episode is defined as a substantiated report of child abuse and/or neglect after the child or children have been reunified with the parents.

Protection of Human Subjects

To protect case files anonymity while inputting the data, no case file names or other identifying information were recorded. Each case file was assigned a number for tracking purposes. None of the file's identifying information was used in the analysis or reporting of the findings.

Data Analysis

Statistical analysis was organized using the Statistical Package for the Social Sciences (SPSS). Descriptive statistical analyses include frequency distributions and measures of central tendency and dispersion to describe the variables. Bivariate and multivariate statistics such as chi-square, t-tests, and analysis of variance (ANOVA) assessed any significant associations between and among the various variables.

CHAPTER FOUR

RESULTS

Introduction

Analysis of the collected data did not answer the research question and did not indicate factors involved in children's continued reunification with recovering chemical-dependent parents. Analysis did not find any correlation between length of recovery and a maltreatment recurrence episode. Analysis revealed no significant associations between variables.

Descriptive Statistics

The number of days in out-of-home placement ranged from 31 days to 568 days, with a mean of 256 days. The days between reunification and maltreatment recurrence ranged from 64 days to 627 days, with a mean of 260 days. The mothers' ages ranged from 18 to 56, with a mean of 28.8 years. The mothers' ethnicities were the following: 32.7% Caucasian, 26.4% Black, 37.2% Latina, 1.8% Native American, .9% Asian American, and .9% Other. Table 1. summarizes case characteristics.

Most of the families had young children. The age range was from 4 months to 17 years, with a mean of 8 years old.

Table 1. Demographic Table of the Sample Percentage and Frequency

	Mothers		Fathers	
	%	F	%	F
Ethnicity				
Caucasian	32.7	(36)	25.5	(28)
Black	26.4	(29)	22.7	(25)
Latino	37.2	(41)	24.5	(27)
Native American	1.8	(2)	.9	(1)
Asian American	.9	(1)		
Other	.9	(1)		
Total	100	(110)	73.6	(81)
Age				
18-25	33.6	(37)	12.9	(9)
26-34	53.6	(59)	42.8	(30)
35-55	12.7	(14)	44.3	(31)
Education				
Incomplete High	29.6	(40)	8.3	(3)
High School graduate	60.5	(68)	63.9	(23)
Some College	9.9	(7)	27.8	(10)

Of the six types of substances used, alcohol was preferred at 19.1%. The drugs ranged in the following descending order: Cocaine, marijuana, heroin, methamphetamine, and prescription (see Table 2. for frequencies and percentages).

Table 2. Types of Substance Abuse

Substances	Mothers		Fathers	
	F	%	F	%
Alcohol	21	19.1	14	12.7
Cocaine	10	9.1	16	14.5
Marijuana	3	2.7		
Heroin	2	1.8		
Methamphetamine	17	15.5	10	9.1
Prescription	4	3.6		

Testing of Hypothesis

To test whether or not there was a significant difference in length of time for recovery and recurrence as a function of reunification, an ANOVA was used. Due to a small sample size, an analysis could not be conducted. No analysis beyond descriptive statistics is available.

To test whether or not single parents have a lower rate of reunification than do married parents a chi-square was used. Results showed no support for hypothesis. Parents who are single and parents who are married are independent and not related to reunification.

A Chi-Square was used to test whether or not substance-abusing parents have a lower rate of reunification than do non-abusing parents. Results are interpreted and the relevance to the hypothesis is

considered, $\chi^2 (1, N = 57) = 15.96, p < .001.$

Substance-abusing parents have a lower rate of reunification than do non-abusing parents.

To test whether or not there was a significant difference of a maltreatment recurrence as a function of mother's type of treatment and success, a Chi-Square was used. The hypothesis was supported, $\chi^2 (1, N = 70) = 8.11, p < .01.$

Summary

There was insufficient data to run an analysis for the main hypothesis. A length of time for recovery could not be analyzed, therefore no recovery length of time could be correlated with a recurrence episode of maltreatment.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter covers a discussion of the findings of the data information. The study did not find what was expected. The results do not concur with similar research.

Discussion

The 110 case files examined had missing data for several variables, which did not allow for meaningful analysis. The lack of data led to the reporting of several zeros. The insufficient data may have impacted the study.

The results of the present study on recurrence were incongruent with other studies, which showed a dependent relationship between variables.

Limitations

Limitations of the study regard the inherent nature of archival data. This kind of data is restrictive in content. The researcher can only gather the available information in the file. The study answered questions

within the stated information in the currently established case files. Another limitation was the short time frame of the sample. A span from September 1998 to August 2000 may not be long enough to get an accurate depiction of what happens after a child is reunified with his or her parents.

Recommendations for Social Work Practice, Policy and Research

Although the main hypothesis was not supported by statistical analysis, there are implications and recommendations, which can be generated for social work practice. Most notable is the apparent need for more uniform and complete case file information on the child's parent or parents. In particular, information regarding parents' substance abuse, treatment, and recovery should be amply documented.

Demographic information, such as age, and education, should be apart of the case file. Years of substance abuse, type of treatment, domestic violence, and any psychiatric treatment should also be included. This type of information will give a better picture of what is taking place in the child's home and see what the particular needs are. The information will also help the

social worker to better plan to meet the needs of the family.

Conclusions

Substance-abusing parents have work to do regarding the safety, protection, and care of their children. Children have a right to be protected and secure inside their home. When the parent cannot affect this, then governmental action is brought to bear.

When the parent is found unable to properly care for their child, then DCS steps in and the social worker has his or her job to do. The social worker needs to be aware of all factors associated with appropriate safety and effective parenting. When social workers are vested with the care of a child, it is a task worthy of their best effort. While the social worker labors with the decision to return a removed child, it should be treated with maximal consideration for all parties.

APPENDIX A
CONSENT LETTER

DEPARTMENT OF CHILDREN'S SERVICES

150 South Lena Road • San Bernardino CA 92415-0515



**COUNTY OF SAN BERNARDINO
SOCIAL SERVICES GROUP**

CATHY CIMBALO
Director

January 22, 2002

**DR. TERESA MORRIS
DEPARTMENT OF SOCIAL WORK
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 UNIVERSITY PARKWAY
SAN BERNARDINO CA 92407-2397**

DR. MORRIS:

This letter serves as notification to the Department of Social Work at California State University, San Bernardino, that Jeannette Doswell has obtained consent from the Department of Children's Services (DCS), San Bernardino County, to conduct the research project entitled, "Removal, Reunification, and Reentry: The State."

This letter also serves as notification to the Department of Social Work that the Department of Children's Services, San Bernardino County, is giving consent to allow minors under the jurisdiction of DCS to participate in this research project.

Please contact me if you have questions regarding this letter of consent.

Sincerely,

CATHY CIMBALO
Director

CC:CB:lh (Jan02-6.doc)

APPENDIX B

DATA COLLECTION INSTRUMENT

1. Time (days) child is placed in out-of-home care.
2. Time (days) between reunification and maltreatment recurrence event.
3. Mother's age (years) at time of child's out-of-home placement.
4. Father or stepfather's age (years) at time of child's out-of-home placement.
5. Child's age (years) at time of out-of-home placement.
6. Mother's ethnicity
 - 1.) Caucasian
 - 2.) African-American
 - 3.) Latina/Hispanic
 - 4.) Asian-American
 - 5.) Native-American
 - 6.) Other
7. Father or stepfather's ethnicity
 - 1.) Caucasian
 - 2.) African-American
 - 3.) Latina/Hispanic
 - 4.) Asian-American
 - 5.) Native-American
 - 6.) Other
8. Mother's education level (years of school completed)
9. Father or stepfather's education level (years of school completed).
10. Mother's primary substance used at time of out-of-home placement.
 - 1.) Alcohol
 - 2.) Cocaine
 - 3.) Marijuana
 - 4.) Heroin
 - 5.) Methamphetamine
 - 6.) Prescription Drugs
11. Father or stepfather's primary substance used at time of out-of-home placement.
 - 1.) Alcohol
 - 2.) Cocaine
 - 3.) Marijuana
 - 4.) Heroin
 - 5.) Methamphetamine
 - 6.) Prescription Drugs
12. Mother's time (years) of primary substance use.
13. Father or stepfather's time (years) of primary substance abuse.
14. Mother's type of substance abuse treatment.
 - 1.) Inpatient
 - 2.) Outpatient
15. Mother's length of time (days) of substance abuse treatment.
16. Mother's successful completion of treatment.
 - 1.) yes
 - 2.) no

17. Father or stepfather's type of substance abuse treatment.
 - 1.) Inpatient
 - 2.) Outpatient
18. Father or stepfather's length of time (days) of substance abuse treatment.
19. Father or stepfather's successful completion of treatment.
 - 1.) yes
 - 2.) no
20. Subsection of WIC 300 code for first removal of child from home (all charges).
 - 1.) a 2.) b 3.) c 4.) d 5.) e
 - 6.) f 7.) g 8.) h 9.) i 10.) j

APPENDIX C
WEST'S WELFARE AND
INSTITUTIONS CODE

West's Welfare and Institutions Code
Section 300, Synopsis

- (a) Physical abuse (serious physical harm); has suffered, or substantial risk will suffer, serious physical harm inflicted by parent or guardian only.
- (b) Physical/Medical neglect; has suffered, or substantial risk will suffer, serious physical harm or illness due to failure or inability to adequately supervise or protect, to provide due to mental illness, developmental disability, or substance abuse.
- (c) Serious emotional damage; or risk of emotional damage due to conduct of parent.
- (d) Sexual abuse; has been sexually abused, has suffered, or substantial risk will be sexually abused by parent, guardian, or household member, or parent/guardian failed to protect when reasonably should have known.
- (e) Severe physical abuse or sexual abuse; under age 5, severe physical abuse by parent or person known to parent, if parent knew or reasonably should have known; no reunification services required.
- (f) Parent convicted of causing the death of another child through abuse or neglect.
- (g) Minor left without provision for support or care and supervision; parent incarcerated or institutionalized; relative or adult custodian unwilling/unable to provide care or support; whereabouts unknown.
- (h) Freed for adoption; minor freed for adoption 12 months, no interlocutory or adoption granted.
- (i) Cruelty; subject to act of cruelty by parent, guardian or household member, or parent/guardian failed to protect.
- (j) Siblings abused or neglected; sibling abused/neglected per (a) (b) (d) (e) (i) and substantial risk that minor will be abused/neglected.

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